

Posted: tecl

231367

STATE OF SOUTH CAROLINA

Dept: N/A

BEFORE THE

(Caption of Case)

PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

Example: Application for a Class C Charter Certificate from

John Doe dba Doe's Limo

Date: 8/10/11

Time: 9:40

TRANSPORTATION COVER SHEET

RECEIVED  
AUG -1 2011

T.T.W.W.W

DOCKET

NUMBER: 2011 - 320 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: James Eric Nelson

Telephone: (843) 768-1563

Address: 4929 Lincrest Road

Fax: (843) 768-7439

John's Island, S.C. 29455

Other: (843) 509-5490

Email: divine limo@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☒ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other: \_\_\_\_\_

RECEIVED

AUG 05 2011

PSC SC  
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

*(Signature)*

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

RECEIVED

Date:

7-29-11

CLASS C - TAXI

AUG -1 2011

T.T.W.W.W

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Divine Limo Service LLC

4929 Lincroft Road John's Island S.C. 29455

Street Address of Applicant

Same

Mailing Address of Applicant (if different from street address)

(843) 768-1563 or (843) 509-5490

Phone

(843) 768-7439

Fax

divine.limo@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and addresses of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

# BALANCE SHEET

Balance at Time Application is Filed:

Month July Year 2011

## Assets:

Cash	2,000.00
Receivables	0
Real Estate	0
Buildings and Equipment (Net)	0
Motor Vehicles (Net)	25,000.00
Garage Equipment (Net)	0
Machinery and Tools (Net)	0
Supplies on Hand	500.00
Prepays and Other Assets	0
Total Assets*	32,000.00

## Liabilities and Equity:

Accounts Payable	0
Notes Payable	0
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
Total Liabilities	0
Capital Stock	0
Retained Earnings	0
Total Equity	0
Total Liabilities and Equity*	32,000.00

\* Total Assets = Total Liabilities and Equity

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

\$2.10 per mile  
\$75.00 per hour

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |  |                                       |                                     |                                     |   |
|--|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville             | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken                 | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale             | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson              | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg               | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell              | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort              | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Berkeley              | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg |   |
| <input type="checkbox"/> Calhoun               | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input checked="" type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☐ 1-7 Passengers, including driver
- ☒ 8-15 Passengers, including driver

[illegible]

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to

The following insurance quote is for:

James Nelson d/b/a Divine Limo Service Inc

Name of Applicant

4929 Lincrest Rd, Johns Island SC 29455

Address of Applicant

## Amount of Premium:

## Limits Quoted: (See Below)

Liability Insurance \$ 12,221.00

Limits 1,000,000

The above quoted premium is for a term of 12 months.

## Minimum Limits - Intrastate Only:

1-7 Passengers\* \$ 25,000/50,000/25,000

8-15 Passengers\* \$ 25,000/100,000/25,000

\* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

The Hanover Insurance Co

Name of Insurance Company

440 Lincoln Street, Worcester, MA 01653

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

8/5/11  
Date

James C. Nelson  
Authorized Insurance Company Representative's Signature

## NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

***Insurance Proposal for:***

***James Nelson d/b/a Divine Limousine Service  
2011-2012***

***Deathcare Services Program***

RECEIVED  
AUG 15 2011  
FIDELITY & BOND



Funeral Director's Planning Group  
**A Whitmore Group Company**

Aug 05 11 11:54a  
Aug 02 11 02:44p

Debbie Nelson  
Debbie Nelson

(843) 768-7439  
(843) 768-7439

p.9  
p.2

CSR: BI



# INSURANCE BINDER

DATE (MM/DD/YYYY)  
06/23/2011

HIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY  
The Whitmore Group, Ltd.  
70 Old Country Road Ste.200  
Garden City, NY 11530  
The Whitmore Group

PHONE (A/C, No, Ext): 516-746-4141 FAX (A/C, No, Ext): 516-746-7875

CODE: 001 SUB CODE:

AGENCY CUSTOMER ID: JAMES08

INSURED  
James Nelson d/b/a  
Divine Limousine Service  
4929 Lincrest Rd  
Johns Island SC 29455

COMPANY  
Hanover Insurance Company

DATE EFFECTIVE TIME 06/15/11 AM PM 06/15/12 12:01 AM NOON

EXPIRATION TIME

THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: AHY035460104

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)  
\*\*\* Commercial Auto Policy \*\*\*

COVERAGES		LIMITS	
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC			AMOUNT
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR		EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COM/PROP AGG COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST Underinsured	\$ \$ \$ \$ \$ \$ \$ 1,000.00 \$ \$ \$ \$ 5.0 \$ \$ 100.0 \$ 100.0
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		ACTUAL CASH VALUE STATED AMOUNT OTHER	
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input checked="" type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES <input checked="" type="checkbox"/> COLLISION: See <input checked="" type="checkbox"/> OTHER THAN COLL: Schedule		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY EACH ACCIDENT AGGREGATE	\$ \$ \$ \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION WC STATUTORY LIMITS	\$ \$ \$ \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM		E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT FEES TAXES	\$ \$ \$ \$ \$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		ESTIMATED TOTAL PREMIUM	\$
SPECIAL CONDITIONS/ OTHER COVERAGES			

NAME & ADDRESS

TCFEQUI  
TCF EQUIPMENT FINANCINE INC  
11100 WAYZATA BLVD STE 801  
MINNETONKA MN 55305

MORTGAGEE ☒ LOSS PAYEE ☒ ADDITIONAL INSURED ☒

LOAN #

AUTHORIZED REPRESENTATIVE  
*James C. Whitmore*



## Insurance Summary

### I. Business Automobile Policy – Hanover Ins Co

Limit of Liability	\$1,000,000
Medical Payments	\$5,000
Uninsured Motorists	\$100,000
Hired & Non Owned Auto	\$1,000,000
Comprehensive Deductible	Specific to vehicle schedule
Collision Deductible	Specific to vehicle schedule

### Vehicles Covered

#	Year	Make	Vin #	Comprehensive & Collision Deductible
1	2002	Cadillac	1GEEH90Y32U550773	\$500 Comp & \$500 Collision
2	2002	Cadillac	1GEEH90Y12U550772	\$500 Comp & \$500 Collision
3	2007	Lincoln	1LNHM81W07Y639205	\$500 Comp & \$500 Collision
4	2007	FORD	1FBSS31L67DB05548	\$500 Comp & \$500 Collision
5	2005	GMC	1GKEC16Z65J146403	\$500 Comp & \$500 Collision
6	2004	Cadillac	1GEEH90Y54U550051	\$500 Comp & \$500 Collision
7	2009	Ford	1FBSS31L49DA08769	\$500 Comp & \$500 Collision

Aug 05 11 11:54a  
Aug 02 11 02:45p

Debbie Nelson  
Debbie Nelson

(843) 768-7439  
(843) 768-7439

p.11  
p.4

INSURED'S NAME James Nelson d/b/a

PAGE 2

**NOTES:**

CSR: BI

DATE 6/23/2011

2002 Cadillac Vin# 1GEEH90Y32U550773	Comp Ded \$500 & Collision Ded \$500
2002 Cadillac Vin# 1GEEH90Y32U650772	Comp Ded \$500 & Collision Ded \$500
2007 Ford Vin# 1FBSS31L67DB05548	Comp Ded \$500 & Collision Ded \$500
2007 Lincoln Vin# 1LNHM81W07Y639205	Comp Ded \$500 & Collision Ded \$500
2005 GMC Vin# 1GKEC16Z65J146403	Comp Ded \$500 & Collision Ded \$500
2004 Cadillac Vin# 1GEEH90Y54U550051	Comp Ded \$500 & Collision Ded \$500
2009 Ford Vin# 1FBSS31L49DA08769	Comp Ded \$500 & Collision Ded \$500

Exhibit Fit, Willing, and Able (FWA)

JAMES ERIC NELSON (Dial-A-Limo Service)  
Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

James Eric Nelson  
Applicant's Signature  
Member  
Title of Applicant (e.g. President, Owner, etc.)

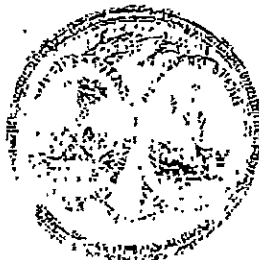
STATE OF SOUTH CAROLINA )  
COUNTY OF Charleston )

SWORN TO BEFORE ME  
This 3<sup>rd</sup> day of August 2011

Debbie Nelson  
Notary Public

Commission Expires February 10, 2015

# *The State of South Carolina*



RECEIVED  
OCT 15 2007  
ORS  
T.T.W.W.W

*Office of Secretary of State Mark Hammond*

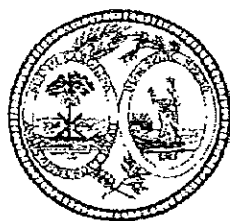
## **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

DIVINE LIMOUSINE SERVICE, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on July 18th, 2007, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
19th day of July, 2007.

A handwritten signature in cursive script that reads "Mark Hammond".  
Mark Hammond, Secretary of State



***The Public Service Commission  
State of South Carolina***

Jocelyn G. Boyd  
Chief Clerk/Administrator  
Phone: (803) 896-5133  
Fax: (803) 896-5246

COMMISSIONERS  
John E. "Butch" Howard, First District  
*Chairman*  
David A. Wright, Second District  
*Vice Chairman*  
Randy Mitchell, Third District  
Elizabeth B. "Lib" Fleming, Fourth District  
G. O'Neal Hamilton, Fifth District  
Nikiya "Nikki" Hall, Sixth District  
Swain E. Whitfield, At-Large

Clerk's Office  
Phone: (803) 896-5100  
Fax: (803) 896-5199

August 3, 2011

TO: Mr. James Eric Nelson  
Divine Limo Service, LLC  
4929 Lincrest Road  
John's Island, SC 29455

FROM: Tricia DeSanty, Clerk's Office

**YOUR APPLICATION IS BEING RETURNED FOR THE FOLLOWING REASON(S):**

- \_\_\_\_\_ Failed to Submit on New Form (See Attached)
- \_\_\_\_\_ Failed to Submit Transportation Docket Cover Sheet along with the Application
- \_\_\_\_\_ Page 3 - Failed to Indicate Fares
- \_\_\_\_\_ Please Clarify Name of Company - If appropriate, need Articles of Incorporation or Limited Liability Company Documents from the Secretary of State's Office
- \_\_\_\_\_ Failed to enclose Description of Equipment
- \_\_\_\_\_ Page 2 - Failed to Submit Completed Balance Sheet
- \_\_\_\_\_ Complete Safety Certification Form
- XXX \_\_\_\_\_ Page 5 - Insurance Quote is required to be completed by an Insurance Agent.
- \_\_\_\_\_ Failed to Submit Completed Exhibit FWA
- \_\_\_\_\_ Failed to Submit Completed Exhibit on Driver Qualifications

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CALL (803) 896-5125.

cc: Carole Chauvin, Office of Regulatory Staff (via e-mail)